Name (pr		Office	(if applicable)			District (if applicable)
318 Mailing A	36 S. Maryland Parkwa ddress (include city and zip code)	У ! Las Vega	as, NV 89109	9 (702	) 731-8706 Telephone No.	
	is.Taylor@hcahealthc	are.com		(702	) 731-8706	
	ppropriate Box(es) [ CANDIDATI	EX⊠PAC □B	AG ∏POLPR	TY IND EXP	]AMENDED [] A	NNUAL FILING
	Annual Filing - Due	lanuary 15-2	2004			
<u></u>	Period: January 1, 2003 – Decer		.004		186 FI	LE
	Report #1 — Due Augu	st 31, 2004			1 7/	汝
	nts in an Office with a 4-year term nts in an Office with a 6-year term		5, 2001 — Aug 26, 20, 1998 — Aug 2		MAR 0	<i>£ /</i> 2005
All others	,	Period: Jan.	1, 2004 – Aug. 26, . 5, 2002 – Aug 26,	2004		/
	Ivocacy Groups (BAGs) only:	Period: Dec.	. 5, 2002 – Aug 26,	2004	DEAN SECRETAR	HELLER Y OF STATE
<b>XX</b>	Report #2 Due — Octob		27, 2004 — Oct. 2	1, 2004		FICE USE ONLY
	Report #3 Due — Janua	•	00 0004 Dec 0	4 2004		
BAGs on	ily:		22, 2004 — Dec. 3 22, 2004 - Dec. 5,			
П	Annual Filing – Due Jai	nuary 15, 2004	5			
□ * Third	Period: January 1, 2004 – Report suffices for 2005 An	December 31, 2	2004	iled Report Nos.	1 and 2	
						Cumulative
	CONTRIBUTIONS	SUMMARY				From Beginning of Report Period
					This Period	#1 through End of This Reporting Period
1.	Total Monetary Contributions F	Received in Exces	s of \$100		\$1,750.00	\$24,750.00
•	Total Manager Continues 5				\$0.00	\$0.00
2.	Total Monetary Contributions F	(eceived of \$100)	or Less			
			This Period	Cumulative From Beginning of Report Period #1 Through End of		
			\$0.00	This Reporting Period		
3.	Total Amount of Monetary Co	ontributions			-	
	Received (Add Lines 1 and 2)				\$1,750.00	\$24,750.00
4.	Total Value of In Kind Contribu	tions Received in	\$0.00	\$0.00		
	Excess of \$100			1 44.00	-	
		EX	PENSES SU	MMARY		
5.	. Total Monetary Expenses Paid	in Excess of \$10	0		\$1,500.00	\$28,000.00
	. Total Monetary Expenses Paid				\$0.00	\$20.00
7.	. Total Amount of All Monetary (Add Lines 5 and 6)	Expenses Paid				\$28,020.00
8.	. Total Value of In Kind Expense	s in Excess	60.00	40.00		1
	of \$100		\$0.00	\$0.00	-	
			AFFIRMAT	ION		
l Declar	e Under Penalty of Perjury Th	at the Foregoin	g is True and C	orrect.		
	0001				1	/_
0:	110				3/4	105
Signature					1	7

EL201.doc

Sunrise Healthcare System Good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

#### **IN KIND**

#### Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE.			

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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Sunrise	Healthcare	System G	Good	Government	Fund	PAC		
Name (print)	······· <del>··</del> ·· - • •			Office (if applicable			. —	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Sunrise Hospital & Medical Center 3186 S. Maryland Parkway Las Vegas, NV	08/30/04	\$1,750.00	
zas vegas, nv	00/30/04	\$1,750.00	

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1 -

Sunrise	Healthcare	System	Good	Government	Fund	PAC
Dante	IICG I DIICGI C	0,000	0000	00.01	,	

Name (print)

Office (if applicable)

District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
NONE.				
			·	

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Sunrise Healthcare System good Government Fund PAC

Name (print)

Office (if applicable)

District (if applicable)

## **Expense Categories**

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Ħ
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	7
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

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<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

# IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Sunrise Healthcare System Good Government fund PAC Name (print)

Office (if applicable)

District (if applicable)

#### Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Campaign to Elect Anthony Bandiero	J	08/30/04	\$500.00
Campaign to Elect John Lee	J	08/30/04	\$500.00
Campaign to Elect Moises Denis	J	08/30/04	\$500.00

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